

SAFEGUARDING THE INSANE.

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There are in the public hospitals of this State over 24,000 insane persons, and over 900 in the private hospitals; about 4,000 new cases are received yearly, and about 1,100, or 25 per cent. are discharged cured, but every year sees an increment of about 600 persons to the total. Among these inmates exist great differences of condition; probably 40 per cent. are not only incurable, but have reached that point in the disease where consciousness is dim, sensation dormant, and the mental life reduced to the lowest terms. Of the remainder, a large percentage are curable, and a still larger percentage are keenly sensitive to their surroundings, including not only their physical comfort, but the moral and personal atmosphere or spirit of the institution.

In considering the safeguarding of the insane, therefore, it is evident that the objects in view must in general correspond with the condition of the patient. Manifestly a very different interest attaches to the care of the senile dement lingering on the edge of dissolution, and to the acute case of a curable character. The one only requires warmth, food and cleanliness, and can be treated *en masse* on a uniform system. The other needs personal care, specialized treatment, and the maintenance of a separate and individual life so far as possible. Properly to safeguard our insane means to guarantee good care to all and curative treatment to the curable. Our duty to supply the

reasonable agencies of cure is as imperative as the negative safeguards against physical abuse.

The public is too apt to believe that the danger point lies in the unlawful and unjustifiable incarceration of sane persons, and the enjoyable horrors of this situation appeal so strongly to novelists and lawyers of a certain class that it is kept strongly before the public mind, while in fact the present system of oversight in this State is such as to reduce this danger to a minimum. In practice it can scarcely be said to exist. Of the many applications for discharge which I investigated during my two years and a half as a Commissioner, but one proved to have merit, and there the patient himself admitted that he had been insane from drugs, but claimed that he had now so far regained the normal that he could safely be released. The authorities of the private institution in which he was, coincided with this view and released him without delay. The public should recognize that the insane is a sick person who needs immediate medical treatment, and not an oppressed citizen battling for his liberty. The system of admission requires the certificate of two licensed physicians and an order of Court, with the provision that the alleged insane person shall appear before the judge unless sufficient reason to the contrary is shown. In practice, a very large percentage do not appear before the judge, and though I believe the judges should be more particular on this point, yet, as I have said, no cases of abuse have come to my knowledge.

IN THE HOSPITALS.

Assuming, then, that the patient is properly in the hospital, what are the points to be safeguarded? They may be summarized as follows: First, that degree of comfort and decency which is suitable for the average citizen of the State; Second, uniform kindness and consideration from the doctors and the attendants, and a supply of attractions and interests to lessen the monotony of hospital

life; Third, the best medical treatment for the cure of the disease; Fourth, the release from the institution at as early a time as is safe for the patient and the community. One point might be added in the supervision of the patient for a reasonable period after the release from the hospital when he first comes in contact with the strain of life in the open. I conceive that these are the interests to be safeguarded, and surely nothing short of this will satisfy the conscience of the State.

It remains to consider the method by which these ends may be satisfactorily attained, and in that consideration we must bear in mind that it is a practical question in which theory plays a minor part, and the value of the system depends on the way in which it works. It is one phase of the always delicate problem of adjusting men to a special task, and so directing them and stimulating them as to enable them to do their best work. The patients in private institutions are safeguarded by their friends as well as by the Commissioners, so we will speak only of those in the State hospitals, exclusive of the inmates of 23 private institutions and 2 hospitals for the criminal insane. This matter of private institutions is a subject for separate and extensive consideration. It is to be feared that the existing conditions are not satisfactory.

THE PRESENT SYSTEM.

The insane, exclusive of the inmates of 23 private institutions and 2 hospitals for the criminal insane, are now divided among 14 State hospitals, containing from 350 to 3,000 patients. Each hospital is under the charge of a superintendent, who receives a house, food, supplies and service, the whole place calculated to be worth \$10,000 a year, and his work is subject to supervision by the State Commission in Lunacy, consisting of three members, who visit the hospitals at least twice a year. The hospitals and the Commission are criticised

by boards of five visitors for each hospital, who report directly to the Governor and to the Commission monthly. No powers are given to these boards, except visitation and inspection, but the freest criticism is expected from them.

The care of these hospitals was originally intrusted to local Boards of Managers, who were possessed of plenary powers and responsibilities. With 1893 there began what is known as the Estimate System, which concentrated financial powers in the Commission, but left to the Boards of Managers the power to appoint the Superintendent, and through him all local officers, subject to the Civil Service system. This placed on the Managers the responsibility for the domestic administration of the hospitals, and that responsibility has on the whole been well met since 1893. This system was destroyed in the winter of 1902, when the Boards of Managers were removed by legislative enactment and the entire responsibility for the institutions in every detail was placed upon the State Commission in Lunacy.

Adequately to forecast the effect of these changes we must consider the record of the State Commission in Lunacy and discuss the theory of the Boards of Managers and the Boards of Visitors respectively.

DUTIES OF THE COMMISSION AND VISITORS.

The work of the Commission under the Acts of 1893 and 1896 has, on the whole, been satisfactory. There has been a great reduction in expense amounting to nearly 25 per cent. in the cost of maintenance. New buildings have been erected with economy and good judgment. The training of nurses and attendants has been improved, and the separation of the Manhattan State Hospital into three institutions, brought about by Dr. Wise, formerly President of the Commission, has been of marked value.

This success should not, however, blind us to the failures of the Commission or to the dangers that may be in store for it. The very attention to business details which

has made so good a record has led to inattention to the medical side of the work, and to a failure to stimulate and bring forward competent men to fill the superintendencies. So that to-day it would be most difficult to pick from the staffs men competent to be put in charge. The conditions which developed our most brilliant superintendents from our own service seem to have disappeared.

During the last eighteen months under the new medical commissioner more attention has, however, been paid to the medical side of the work in the hospitals. The Pathological Institute has been reorganized and brought into affiliation with the clinical material on Ward's Island. Beginning December 1st, Dr. Meyer, the Director, gives a week's course of lectures to the superintendents on purely medical and scientific subjects connected with their work. After that the first assistants have a similar course, and after them the second assistants, and so on down the line. Dr. Peterson has attempted to improve the character of the medical service by throwing open the hospitals to young doctors recently graduated from medical colleges and general hospitals, each hospital to have two such clinical assistants serving without pay for a year, but eligible on passing the Regents' examinations to the salaried positions of medical interne, and so on up by Civil Service promotion. It is believed that by this system in the course of time the whole medical staff of the State hospitals will be leavened by the introduction of a superior class of medical men of the best scientific attainments.

Dr. Peterson believes that the nine or ten hundred insane in the private asylums are not on the average so well cared for as those in the State hospitals, and is making a number of reforms here which will do a vast deal to better their condition. He is impressed, too, with what seems to be a fact, that there are a number of institutions in the State that are receiving and caring for insane people without license or right, which is an offense against the

penal code, and is making an effort to discover these and interfere with the illegal practice.

In the matter of a dietary for patients, a committee of the medical superintendents was appointed, and upon the recommendation of an increased ration, the Commission has granted an enlarged ration, in fact, now corresponding exactly to the standard of diet reported upon by the superintendents themselves.

Another weakness in the Commission's work is that it has failed to provide sufficient accommodation, and it is to-day failing to prepare for the constant increase in population.

Now, I have a theory to account for these and similar shortcomings. It is that the Commissioners are so overburdened, so swamped with administrative detail, so harried with petty decisions on local matters that they do not give the necessary time and thought to the larger questions of policy and management. They should be a central council, they are central administrators. They should place detail on others, they have assumed it themselves. That was a mistake I fell into with the other Commissioners, and I think it has not changed since my time. For the Commission has been responsible since 1893, for every dollar expended. It has had to look into and supervise plans for repairs and new construction, aggregating \$1,000,000 a year, and to look after a property worth over \$20,000,000 scattered all over the State, and involving complicated questions of water supply, mechanics, sewerage, etc. To make only the two visits a year to each institution required by law occupies three months, and these duties will increase as the population grows. Now the result of these burdens has been, and in my judgment will be, that the Commission is only superficially acquainted with the actual management of the institution. It does not know what is going on from day to day, and it does not know the characters and ideas of the staffs and

attendants on which the health and happiness of the insane largely depend. It leaves such matters to the superintendent, and it is apt to be satisfied with a superintendent if the physical condition of the hospital is good and the rate of maintenance low.

It is true that on the character and standards of the superintendent depends the standard of the hospital and the safety of its inmates. He is the very centre of the system, the pivotal point on which it turns. On the selection, development, support and criticism of this officer hangs the principal safeguard of the insane. It is his example which animates the staff, his oversight which detects abuses. No outside safeguards are effective if the superintendent is incompetent, inhumane or partial. But the outside system can be a powerful aid to develop the good points of a superintendent and a sharp check on his failures. These requirements were to a large extent met by the Boards of Managers. The records show that they visited the hospitals constantly in most cases; they knew the officers and many of the attendants; they gave moral support and counsel to the superintendents, and I cannot doubt that their frequent visits exercised a salutary if unconscious influence.

They were charged with power and responsibility for the internal management, and relieved the Commission to that extent; for instance, once when a patient died under suspicious circumstances, the investigation and resultant punishment was made by the Board.

There were, I presume, careless managers on every Board, and sometimes a whole Board was negligent. Here the fault lay not with the system, but with the individual, and the remedy lay with the Governor, for it was his right and duty to reprove the delinquent and to make better appointments. The Boards had no part in the expenditures, but were charged with local management, and this trust was well met. After all criticism made they constituted

a strong body for the safeguarding of the patients which might have been improved, but should not have been destroyed.

Nor do I think that the history of the State warrants unbounded confidence in its ability to secure competent, hard-working and broad-minded men for the positions on the Commission. In the past eight years there have been instances which reflected unfavorably upon the Commission, and such occurrences must be expected again. The present system should receive all the time of three able men, and they should be required by law to visit all parts of the institutions.

The larger matters of policy to be discussed by the Commission, such as construction of new buildings in accordance with the most improved ideas, the development of the medical staffs and nursing services, and the decision of mechanical and sanitary questions involved by such large buildings, require intelligence of the first rank, and it is foolish to expect that the State can secure all of the time of men of this class for five or six thousand dollars per annum. A man competent to fill the position of Medical Commissioner can earn double, treble and quadruple the salary with less effort and harassment than is now required of the President. For instance, it has been necessary for Dr. Peterson, since assuming the Presidency, to give from three to four days a week to the cares of his office, interfering to that extent with the practice of his profession. My experience showed me beyond question that a lawyer assuming this position could not attend to these duties and remain in the active practice of the law.

The result must in the long run be unfavorable to the Commission's composition, and unless the detailed duties of the Commission are lessened and the matters coming before them are only such as require general attention, the State cannot count on the services of first-class men, with its present salaries.

This will, in the end, lead to a slackening of the care of

the insane which has hitherto been maintained at a high point in this State.

It is well known that two of the present Commissioners are not giving all of their time to the work. The dread of this doubtless inspired the creation of the Boards of Visitors, whose function is criticism of the hospitals' management in the fullest sense of the word. The new law requires these Boards to visit the hospitals at least once a month by three members, and make a written report to the Commission and to the Governor. So far as it goes this will doubtless prove to be a check on the acts of the Commission, but the fact that their powers are restricted to destructive criticism, with no constructive functions, shows plainly that their influence will be of a negative character. They will bear no share of the burden and come under no responsibility. They will have no influence over the superintendent except that inspired by fear, and they will have no voice in remedying the evils which they may witness. The history of the Pavilion for the Insane connected with Bellevue Hospital in New York is striking proof of the fact that such visitation does not safeguard the insane. The State Charities Aid Association had for many years visited this institution regularly through one of its sub-committees, consisting of a layman and an alienist, which constantly reported adversely to the management, and the New York County Committee of the Association made a severe criticism of the management, recommending the appointment of a resident physician. The State Board of Charities also visited it. But they were without remedial powers, and the authorities paid no attention to their protest, and serious outrages occurred, culminating in the death of a patient under circumstances of extreme suspicion.

To summarize my views on safeguarding the insane in the State hospitals, I should say that the objects to be accomplished include not only passive care, the supplying of necessary provisions, warmth, shelter and clothing,

but the active development of cheerful and homelike surroundings, of kindliness of spirit, and of a high degree of medical skill and care looking to the cure of as large a proportion of the patients as is possible.

I should say further that these objects are not likely to be satisfactorily attained in the long run by the present system, owing to the fact that the concentration of administrative detail in the Commission is so great, first, as to preempt time of the Commission which should be given to the consideration of general matters of policy; and, second, to forbid the Commission the services of a class of men who are fitted to solve the more important questions.

It seems, further, that a provision for Boards of Visitors without remedial powers is inadequate to give to the insane the constructive and creative care which is necessary properly to safeguard them, and that even the negative criticisms of the Visitors are likely to pass unheeded as time goes on.

Sound policy would seem to me to place questions of internal administration upon Boards of Managers somewhat similar to those which formerly existed, with a clearer definition of their powers, and a sharper supervision of their actions. Further, I think that the business organization of the Commission, while it should retain the financial powers which it now has, should be so developed as to relieve the Commissioners personally from a consideration of a large portion of the details which now come before them.

The State has undertaken a great task, and has on the whole wisely met its obligations; but the future can only be assured by the treatment of the problems involved upon a broad, liberal and permanent basis. That basis I must consider to be the concentration of financial responsibility and the delegation of internal responsibility; and I believe that a system could be worked out upon those lines which would give such safeguards to the insane as the fallability of human nature may permit.



